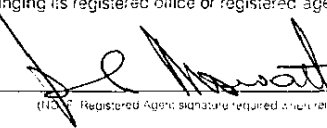
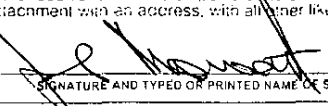


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90113 010 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                                    |                                                                                                                                                                                                           |                                                                                   |                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # N05000001435</b><br>1. Entity Name<br><b>PARKWAY CARIBBEAN SPORTS AND SOCIAL CLUB, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     |                                                                                    |                                                                                                                                                                                                           |  |                                                                              |
| Principal Place of Business<br><b>5410 SW 129TH AVENUE<br/>MIRAMAR, FL 33027 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                     |                                                                                    | Mailing Address<br><b>5410 SW 129TH AVENUE<br/>MIRAMAR, FL 33027 US</b>                                                                                                                                   |                                                                                   |                                                                              |
| 2. Principal Place of Business - No P.O. Box #<br><b>5410 SW 129th Avenue</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                     | 3. Mailing Address<br><b>5410 SW 129th Avenue</b>                                  |                                                                                                                                                                                                           |                                                                                   |                                                                              |
| Suite, Apt. #, etc.<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                     | Suite, Apt. #, etc.<br>                                                            |                                                                                                                                                                                                           |                                                                                   |                                                                              |
| City & State<br><b>Miramar, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     | City & State<br><b>Miramar, FL</b>                                                 |                                                                                                                                                                                                           | 4. FEI Number<br><b>56-2502860</b>                                                |                                                                              |
| Zip<br><b>33027</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                     | Country<br><b>US</b>                                                               |                                                                                                                                                                                                           | Applied For<br><input type="checkbox"/> Not Applicable                            |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     | <b>\$8.75 Additional Fee Required</b>                                              |                                                                                                                                                                                                           |                                                                                   |                                                                              |
| 6. Name and Address of Current Registered Agent<br><br><b>MAITLAND, DAVID E<br/>5410 SW 129TH AVENUE<br/>MIRAMAR, FL 33027</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                     |                                                                                    | 7. Name and Address of New Registered Agent<br>Name <b>Paul Mowatt</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>14520 SW 21st Street</b><br>City <b>Davie</b> FL Zip Code <b>33325</b> |                                                                                   |                                                                              |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent:<br>SIGNATURE <b>Paul Mowatt</b>  <b>3/18/08</b><br><small>Signature, typed or printed name of registered agent and date if applicable (Not: Registered Agent signature required when not 3049) DATE</small>                                                                                                                 |                                                                     |                                                                                    |                                                                                                                                                                                                           |                                                                                   |                                                                              |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                     | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> |                                                                                                                                                                                                           | <b>\$5.00 May Be Added to Fees</b>                                                |                                                                              |
| Make check payable to<br><b>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                     |                                                                                    |                                                                                                                                                                                                           |                                                                                   |                                                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                                    | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                                                                     |                                                                                   |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PRES<br>TAYLOR, WESLEY<br>3130 MERRICK TERRACE<br>MARGATE, FL 33063 | <input type="checkbox"/> Delete                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                          | P<br>David Maitland<br>5410 SW 129 Ave<br>Miramar, FL 33027                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | V.P.<br>CLARKE, LOENARD<br>4831 NW 19 COURT<br>LAUDERHILL, FL 33313 | <input type="checkbox"/> Delete                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                          | V<br>Gary Grant<br>17543 SW 140 ct<br>Miami, FL 33177                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | SECT<br>HINDS, ROBERT<br>9334 SW 149TH STRTEET<br>MIAMI, FL 33176   | <input type="checkbox"/> Delete                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                          | S<br>Cutie Mclean<br>14700 NW 3rd Ave<br>Miami, FL 33168                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | TREA<br>MAITLAND, DAVID E<br>5410 SW 129 AVE.<br>MIRAMAR, FL 33027  | <input type="checkbox"/> Delete                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                          | T<br>Paul Mowatt<br>14520 SW 21st Street<br>Davie, FL 33325                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ASST<br>MOWATT, PAUL<br>14520 SW 21 STREET<br>DAVIE, FL 33325       | <input type="checkbox"/> Delete                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                          | T/S<br>Patrick Bailey<br>2916 River Run Circle West<br>Miramar, FL 33025          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                     | <input type="checkbox"/> Delete                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                          |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 517, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered |                                                                     |                                                                                    |                                                                                                                                                                                                           |                                                                                   |                                                                              |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |                                                                                    | <b>Paul Mowatt</b> <b>3/18/08</b> <b>(954) 892 6116</b><br><small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Calling Phone #</small>                                         |                                                                                   |                                                                              |